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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**RECEIVED**  
JUL 18 2008  
JUL 18 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Randy MARCELLO CAUL

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

C. Downie

08cv4085  
JUDGE SHADUR  
Cas MAG. JUDGE MASON  
(To \_\_\_\_\_ of this Court)

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

- ☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
U.S. Code (state, county, or municipal defendants)
- ☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code (federal defendants)**
- ☐ **OTHER** (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: RANDY MARCELLUS COOK
- B. List all aliases: MICHAEL WILLIAMS GLENN RAYMOND  
LEROY WASH TIMOTHY JOHN JAMES JOHN
- C. Prisoner identification number: # N24053
- D. Place of present confinement: PONTIAC CORRECTIONAL CENTER
- E. Address: P.O. Box 99 Pontiac Ill 61764

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: C. DOWNE
- Title: CORRECTIONAL OFFICER TRANSPORTATION
- Place of Employment: STATENVILLE CORRECTIONAL CENTER  
P.O. Box 112 JOLIET ILL 60434
- B. Defendant: \_\_\_\_\_
- Title: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_
- C. Defendant: \_\_\_\_\_
- Title: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: Civil Complaint 208-CV-2049
- B. Approximate date of filing lawsuit: ON 3/14/08
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: JACKSON
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. DISTRICT COURT URBANA ILL 61802
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: CONSPIRACY
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): DISMISSED
- I. Approximate date of disposition: 4/14/08

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON April 16, 2008 plaintiff was on Transfer Bus  
C Downs stated don't talk on bus, plaintiff  
said He wasn't talking, C Downs stated get  
off bus, plaintiff was lead off bus, and C Downs  
took him by cuffs and sprayed mace on plaintiff  
plaintiff couldn't see mace was on clothes.  
C Downs stated Now talk on my bus again  
BLACK MAN you will follow the rules of the  
road, or sue me, plaintiff made it to  
Lawrenceville and counselor said you smell  
like mace, He asked Lt. Cox to escort plaintiff  
to Hospital, Lt. Cox told him counselor, don't  
get in security business, C Downs was  
deliberate and indifferent to plaintiff safety  
when He sprayed plaintiff with mace while cuffed-up

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

## V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I am suing C. Downs in His individual capacity  
for hundred thousand dollars and hundred thousand  
dollars in punitive damages and with ever  
this court deems just

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

## CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 12 day of July, 20 08

Randy Marcello Cook  
 (Signature of plaintiff or plaintiffs)

Randy M. Cook  
 (Print name)

# N24053  
 (I.D. Number)

RR 2 Box 31 Sumner IL 62466  
 (Address)

ILLINOIS DEPARTMENT OF CORRECTIONS  
COMMITTED PERSON'S GRIEVANCE

Date: <u>APR 16, 2008</u>	Committed Person: <u>Randy M. Cook</u>	ID#: <u>N24053</u>
Present Facility: <u>Lawrenceville</u>	Facility where grievance issue occurred: <u>STATEVILLE CORRECTIONAL CENTER</u>	

**NATURE OF GRIEVANCE:**

☒ Personal Property     ☐ Mail Handling     ☐ Restoration of Good Time     ☐ Disability  
☐ Staff Conduct     ☐ Dietary     ☐ Medical Treatment     ☐ Other (specify): \_\_\_\_\_  
☐ Transfer Denial by Facility     ☐ Transfer Denial by Transfer Coordinator  
☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Brief Summary of Grievance:** ON APRIL 16, 2008 INMATE COOK N24053 WAS ON TRANSFER BUS. C. DOWNS STATED COOK TALKED ON BUS COOK SAID HE WASN'T TALKING. C. DOWNS STATED GET OFF BUS COOK WAS LEAD OFF BUS, AND C. DOWNS TOOK HIM BY CUFFS AND SPRAYED MACE ON COOK COOK COULDN'T SEE MACE WAS ON CLOTHES. C. DOWNS STATED NOW TALK ON MY BUS AGAIN BLACKMAN, YOU WILL FOLLOW THE RULES OF THE ROAD, OR SUE ME. COOK MADE IT TO LAWRENCEVILLE AND COUNSELOR OBSERVED, COOK'S EYES BEING RED, AND COOK TOLD HIM WHAT HAPPENED, AND COUNSELOR SAID YOU SMELL LIKE MACE. HE ASKED LT. COX TO ESCORT COOK TO HOSPITAL. LT. COX TOLD

**Relief Requested:** OFFICER TO TAKE CHARGES ON NOT HARMING INMATES WITH HAND CUFFS ON AND RESPECT

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Committed Person's Signature \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

(Continue on reverse side if necessary)

<b>Counselor's Response (if applicable)</b>		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 18277, Springfield, IL 62794-9277	
Response: _____		
_____		
_____		
_____		
Print Counselor's Name	Counselor's Signature	Date of Response

<b>EMERGENCY REVIEW</b>	
Date Received: _____	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
Chief Administrative Officer's Signature	Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
COMMITTED PERSON'S GRIEVANCE (Continued)

COUNSELOR DON'T GET IN SECURITY BUSINESS C. DOWNS  
WAS DELIBERATE AND INDIFFERENT TO COOK SAFETY WHEN  
SPRAYED ~~FOR~~ COOK WITH MACE WHILE CUFFED-UP COOK MAY BE  
RETIRED AGAINST FOR FILING THIS ISSUE, THIS IS SECOND  
GRIEVANCE I'VE FILED WITH SPRINGFIELD, AND I'VE ANSWER THREE  
OFFICE TRYS TO IMPEDE ON MY PROGRESS OF A LAWSUIT BUT  
THERE IS NOW ISSUE IN INSTITUTIONAL RULE BOOK ON THIS  
ASSAULT.